SERFF Tracking Number:
 JACK-126443932
 State:
 Arkansas

 Filing Company:
 Jackson National Life Insurance Company
 State Tracking Number:
 44527

Company Tracking Number: X500 11/09 ET AL

TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed

Product Name: Elite 90 Fixed Index Annuity Application

Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

Filing at a Glance

Company: Jackson National Life Insurance Company

Product Name: Elite 90 Fixed Index Annuity SERFF Tr Num: JACK-126443932 State: Arkansas

Application

TOI: A07I Individual Annuities - Special SERFF Status: Closed-Approved- State Tr Num: 44527

Closed

Sub-TOI: A07I.001 Equity Indexed Co Tr Num: X500 11/09 ET AL State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Authors: Julie Hughes, Lynda

Neese, Lynne Gerding

Date Submitted: 01/11/2010 Disposition Status: Approved-

Closed

Implementation Date Requested: 03/05/2010 Implementation Date:

State Filing Description:

General Information

Project Name: Elite 90 Fixed Index Annuity Application Status of Filing in Domicile: Not Filed

Project Number: X500 11/09 ET AL Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: The form is exempt

from filing with Michigan, our State of domicile, by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1,

Disposition Date: 01/13/2010

1997.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Market Type: Individual

Group Market Size:

Group Market Type:

Filing Status Changed: 01/13/2010 Explanation for Other Group Market Type:

State Status Changed: 01/13/2010

Deemer Date: Created By: Lynne Gerding

Submitted By: Lynda Neese Corresponding Filing Tracking Number: X500

11/09 ET AL

Filing Description:

Submitted for your review are the above-referenced application forms. These applications are new and will replace the following Fixed Index Annuity applications as outlined below:

SERFF Tracking Number: JACK-126443932 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 44527

Company Tracking Number: X500 11/09 ET AL

TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed

Product Name: Elite 90 Fixed Index Annuity Application

Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

New Application / Individual Deferred Fixed Index Annuity Contract / Contract Approval Date / Application to be Replaced / Replaced Application Approval Date

X500 11/09 -- ELI-DA500 -- December 9, 1998 -- X500 -- December 27, 2007

X700 11/09 -- FIA700 -- July 8, 2005 -- X700 -- July 8, 2005

X800 11/09 -- FIA800 -- August 4, 2005 -- X800 -- August 4, 2005

X850 11/09 -- FIA850 -- August 4, 2005 -- X850 -- August 4, 2005

These forms will be issued by Jackson National Life Insurance Company, and will be marketed to the general public by appropriately licensed independent agents/producers and also by appropriately licensed registered representatives through broker/dealers and financial institutions.

The issue ages for the underlying contracts are as follows:

- · 0 85 for ELI-DA 500
- 0 − 85 for FIA700
- · 0 − 84 for FIA800
- · 0 − 82 for FIA850

The applications contain fraud language that is specific to individual states. The language is clearly identified as to those states.

The applications are exempt from filing with our home state of Michigan by Order No. 97-010-M, which was issued and entered January 29, 1997, effective February 1, 1997.

We have reviewed the applications and certify that to the best of our knowledge and belief, the forms comply with applicable laws and regulations of your jurisdiction. With regard to Regulation 19, Jackson National Life hereby certifies that we do NOT discriminate based on sex in the sale of insurance.

We will receive customer information required to issue a contract from an agent, broker, or financial representative. This information may be forwarded to us by facsimile, telephone, or electronically via the Internet, an extranet, or secure network. We would then issue the annuity contract based upon the information received from the agent, broker or financial representative. The annuity contract, including any contract data page, would then be delivered to the customer. We will maintain appropriate procedures to insure the truth and accuracy of customer information received from the agent, broker or financial representative.

Any variables within the form have been bracketed and generally consist of names, dates and numbers. The form, when issued, may vary in format, paper size, border, Company logo or number of pages. Should any variable data, such as

SERFF Tracking Number: JACK-126443932 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 44527

Company Tracking Number: X500 11/09 ET AL

TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed

Product Name: Elite 90 Fixed Index Annuity Application

Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

specific product selections or option benefits, be added to (upon approval from your Department) or removed from the form, a margin shift may occur, with some sections moving from one page to the next. The form may also print as two-sided pages versus one-sided pages. Additionally, a small square bar code with or without a mm/dd/yyyy date may be placed in the far bottom left-hand corner. This barcode will not obscure the filed form number.

I look forward to your favorable review. If I can be of any assistance to you, or if additional information is required, please contact me by telephone at 800/317-7989, by facsimile at 517/706-5522, or by email at pd&sf@jackson.com.

Company and Contact

Filing Contact Information

 Lynda Neese, Manager
 pd&sf@jackson.com

 1 Corporate Way
 800-317-7989 [Phone]

 Lansing, MI 48909
 517-706-5522 [FAX]

Filing Company Information

Jackson National Life Insurance Company CoCode: 65056 State of Domicile: Michigan

1 Corporate Way Group Code: 918 Company Type: Lansing, MI 48915 Group Name: State ID Number:

(800) 317-7989 ext. [Phone] FEIN Number: 38-1659835

Filing Fees

Fee Required? Yes
Fee Amount: \$80.00
Retaliatory? No

Fee Explanation: \$20.00 per form - 4 forms

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Jackson National Life Insurance Company \$80.00 01/11/2010 33426064

 SERFF Tracking Number:
 JACK-126443932
 State:
 Arkansas

 Filing Company:
 Jackson National Life Insurance Company
 State Tracking Number:
 44527

Company Tracking Number: X500 11/09 ET AL

TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed

Product Name: Elite 90 Fixed Index Annuity Application

Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	01/13/2010	01/13/2010

SERFF Tracking Number: JACK-126443932 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 44527

Company Tracking Number: X500 11/09 ET AL

TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed

Product Name: Elite 90 Fixed Index Annuity Application

Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

Disposition

Disposition Date: 01/13/2010

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

 SERFF Tracking Number:
 JACK-126443932
 State:
 Arkansas

 Filing Company:
 Jackson National Life Insurance Company
 State Tracking Number:
 44527

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Product Name: Elite 90 Fixed Index Annuity Application

Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Elite 90 Fixed Index Annuity Application		Yes
Form	Elite Annual Reset Fixed Index Annuity Application		Yes
Form	Elite Choice Fixed Index Annuity Application		Yes
Form	Elite Choice Rewards Fixed Index Annuit Application	у	Yes

 SERFF Tracking Number:
 JACK-126443932
 State:
 Arkansas

 Filing Company:
 Jackson National Life Insurance Company
 State Tracking Number:
 44527

Company Tracking Number: X500 11/09 ET AL

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Product Name: Elite 90 Fixed Index Annuity Application

Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

Form Schedule

Lead Form Number: X500 11/09

Schedule Item Status	Form Number	Form Type	e Form Name	Action	Action Specific Data	Readability	Attachment
	X500 11/09	• •	/Elite 90 Fixed Index Annuity Application	Initial		50.200	X500 11-09 (base).pdf
	X700 11/09	•	/Elite Annual Reset Fixed Index Annuity Application	Initial		51.000	X700 11-09 (base).pdf
	X800 11/09	• •	/Elite Choice Fixed Index Annuity Application	Initial		52.000	X800 11-09 (base).pdf
	X850 11/09	• •	/ Elite Choice Reward Fixed Index Annuity Application	sInitial		50.300	X850 11-09 (base).pdf

ELITE 90® (XX/XX) FIXED INDEX ANNUITY APPLICATION (ELI-DA500)



Home Office: Lansing, Michigan www.jackson.com

First Class Mail: P.O. Box 30391

Lansing, MI 48909-7891

Customer Care: 800-873-5654 Bank or Financial Institution Customer Care: 800-777-7779

Fax: 517-706-5538 Hours: 8:00 a.m. to 8:00 p.m. ET Overnight Mail: 1 Corporate Way Lansing, MI 48951 Email: contactus@jackson.com Broker/Dealer or External Account No. (if applicable) Primary Owner PLEASE PRINT • If Owner Type of Ownership: Individual/Joint Corporation/Pension Plan **Trust** Custodian (and/or Joint Owner) is not a **Social Security Number** Tax I.D. Number Sex Male Female U.S. Citizen and/or a U.S. Resident Form U.S. Citizen Yes No W-9 or Form **First Name** Middle Name **Last Name** W-8BEN (as applicable) is required with application. Non-Natural Owner/Entity Name (if applicable) • If Owner is a Trust, Trustee Certification Date of Birth (mm/dd/yyyy) **Telephone Number** (including area code) **Email Address** form X5335 or trust documents are required with Physical Address Line 1 (No P.O. Boxes) Line 2 application. It is required for Good City State **ZIP Code** Order that you provide a physical address. Mailing Address Line 1 Line 2 • Only include mailing address if City State ZIP Code different from physical address. Joint Owner **First Name** Middle Name **Last Name** · Proceeds will be distributed in accordance with the **Social Security Number** Date of Birth (mm/dd/yyyy) Sex U.S. Citizen Contract on Female Male Yes No the first death of either Owner. **Email Address** Relationship to Owner Telephone Number (including area code) ☐ Spouse Other Physical Address Line 1 (No P.O. Boxes) Line 2 City **ZIP Code**

State

	Primary Annuitant						
	Same as Owner	Se	x Male Female	U.S.	Citizen Yes	No 🗌	
 Complete this 	First Name		Middle Name		Last Name		
section if different from							
Owner.	Social Security Number	Date of B	Firth (mm/dd/yyyy) Tele	phone No.	(including area co	ode) Relationship to	Owner
		/	/ ()		Spouse Other	
	Physical Address Line 1 (No P.O. B	oxes)		Line 2		
	City			St	tate ZIP	Code	
	Joint Annuitant						
 Complete this section if different from Joint Owner. 	Same as Joint Owne	v Co	w Mala	шс	Citimon Van [
			X Male Female	0.3.	Citizen Yes	No	
	First Name		Middle Name		Last Name		
		D : (5	**************************************				
	Social Security Number	Date of B	irth (mm/dd/yyyy) lele	phone No. (including area co	ode) Relationship to Spouse	Owner
)		Other	
	Physical Address Line 1 (No P.O. B	oxes)		Line 2		
	City			S	tate ZIP	Code	
	Beneficiary(ies)						
It is required for	Primary			% Per	entage of D	eath Renefit	
Good Order that the Death	Primary Market Middle Percentage of Death Benefit						
Benefit Percentage be	() and () an						
whole numbers and must total	Social Security/Tax I.D. N	umber	Date of Birth (mm/dd/yy	vv)	Relationshi	ip to Owner	
100% for each	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/	/	Spouse		
beneficiary type.					Other		
	Primary Contingent % Percentage of Death Benefit						
	Individual Name (First, Middle, Last) or Non-Natural Entity Name						
 For additional 	Social Security/Tax I.D. N	umber	Date of Birth (mm/dd/yy	уу)	Relationshi	ip to Owner	
beneficiaries,			/	/			
please attach a separate sheet,							
signed and dated by the		ontingent	L		entage of D	eath Benefit	
Owner, which includes names,	Individual Name (First, N	/liddle, La	st) or Non-Natural Ent	ity Name			
percentages, and other							
required	Social Security/Tax I.D. N	umber	Date of Birth (mm/dd/yy	yy)	Relationshi	ip to Owner	
information.			/	/			

Make all	Premium Payment					
checks	Select method of payr	nent				
payable to Jackson	Check \$					
National Life Insurance	External Transfer			Internal Transfer \$		
Company [®] .	Annuity Type					
• Jackson® will issue Annuity Type per the bold headings.	IRA: IRA - Traditional* Stretch IRA Roth IRA: Roth Conversion Roth IRA* *Tax Contribution Year: Year: Deferred Compens Non-Tax Qualified		Cash Balan Cash Balan HR-10 (Ked	alified Savings Plan ace-Defined Benefit ace-Defined Contribution ach) Plan chase aing Plan chit Plan	☐ ORP ☐ Texas ORI Charitable R ☐ Charitable Annuity T	e mainder Trust: e Remainder
	Statement Regard	ing Existing Po	olicies or Ann	uity Contracts		
It is required for Good Order that this entire section be completed. COMPLETE X0512 "REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).	Notice to Produce must present and may apply) and re	ive any existing lifexisting lifexisting life insurar r/Representative: If read to the Applicaturn the notice, signan existing life	nce policies or a f the Applicant do int the Replacement ned by both the F	cies or annuity contract nnuity contracts. Des have existing life insuent of Life Insurance or A Producer/Representative Licy or annuity contentract number	urance policies or an Annuities form (X051: and Applicant, with Yes No	2 - state variations
For transfers, it is required for Good Order that this entire section be completed.		Direct opriate box(es) ur		Non-1035 Exchang Direct Rollover er Type "and "Client Init	Non-Direct Ro	you have already,
	or plan to submit a transfer request to the surrendering institution, please select "Yes" under "Client Initiated." Jackson will only request the funds if this section is left blank or checked "No."					
	Transfer Client Type Initiated	Company releas	ing funds	Account number	Anticipated date of receipt	Anticipated transfer amount
	Full Yes	. , , , ,			/ /	\$
	Full Yes				/ /	\$
	☐ Partial ☐ No☐ Full ☐ Yes]] , ,] [
	Partial DNo					\$

X500 11/09 Page 3 of 6 X500 XX/XX

	Annuitization/income Date					
	Specify Income Date (mm/dd/yyyy)					
	/ /		e Date is not specified, the Company will default it Income Date as shown in the Contract.			
It is required for Good Order	Indexed Option Period Subject	t to availability.				
that you select	Age limitations apply based on the	e age of the Owner or ol	oldest Joint Owner.			
an Indexed Option period.	S&P 500 [®] 7-Year Period (Age	s 0 - 85)				
Please select only one.	S&P 500 9-Year Period (Ages	0 - 85)				
	S&P 500 12-Year Period (Ages	5 0 - 80)				
Your Index Participation	Optional Benefits All optional be	enefits may not be available in a	all states and once selected cannot be changed.			
Rate will be lower than a	Age limitations apply based on the	e age of the Owner(s).				
Contract without this	10% Withdrawal Endorsemen	nt (Ages 0-85)				
endorsement.	Electronic Delivery Authoriza	ation				
	l agree to receive documents ele	ctronically:	$\overline{}$			
 Check the boxes next to 	ALL DOCUMENTS	Periodic and immedia	iate confirmation statements			
the types of documents	Annual statements Other Contract-related correspondence					
you wish to receive	This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue					
electronically. If an email	to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website www.jackson.com is required for electronic delivery of Contract-related correspondence.					
address is provided, but			er hardware and software that meet the requirements	f		
no document type is selected, the	any new email address.		I (We) will notify the company	<i>/</i> OT		
selection will default to "All Documents."	The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM					
	drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.					
	There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let					
	Jackson know if that email address changes. We may need to notify you of a document's availability through email.					
	You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to					
	update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or					
		s consent will need to be	be supplemented by specific electronic consent upon	. 01		
	Authorized Callers	delivery of floor	ice of availability.			
If you want to	First Name	Middle Name	Last Name			
authorize an individual						
other than your	Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)			
Producer/Rep to receive			/ /			
Contract information	First Name	Middle Name	Last Name			
via telephone,						
please list that individual's	Social Security/Tax I.D. Number		Date of Birth (mm/dd/yyyy)			
information						

here.

Notice to Applicant

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

MARYLAND AND RHODE ISLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Client Acknowledgements

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
- 2. I (We) certify that the Social Security/Taxpayer Identification Number(s) shown above is (are) correct.
- 3. The Contract I (we) have applied for is suitable for my (our) insurance and investment objective, financial situation and needs.
- 4. I (We) understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.
- 5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
- 6. I (We) have received a copy of the Statement of Understanding and understand the benefits and limitations, including the description regarding Contract guaranteed minimum values, set forth in the document.
- 7. I (We) understand the Indexed Option return on a distribution taken prior to the end of the Indexed Option period will be 90% of the amount allocated to the Indexed Option accumulated at 3% per year, compounded daily, less any prior withdrawals, except as provided in the Contract.
- 8. I (We) have received and understand the current Index Participation Rates (IPR's) for the Contract.
- 9. I (We) understand that Jackson issues a variety of annuity products with different features, benefits, terms, charges, and limitations.
- 10. I (We) certify that the age(s) of the Owner and any Joint Owner, primary Spousal Beneficiary, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
- 11. I (We) understand that the product being applied for is an equity indexed fixed annuity product.

It is required for Good Order that all	Owner's Signature	Date Signed (mm/dd/yyyy) / /	State where signed
applicable parties to the	Owner's Title (required if owned by an Entity)		
Contract sign here.			
nere.	Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
		/ /	
	Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed
		/ /	
	Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed

X500 11/09 Page 5 of 6 X500 XX/XX

- Complete this certification regarding sales material section only if:
- Your client has other existing policies or annuity contracts

AND

• Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

Program

Producer/Representative Acknowledgements

I certify that:

- I did not use sales material(s) during the presentation of this Jackson product to the applicant.
 - I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

- 1. I am authorized and qualified to discuss the Contract herein applied for.
- 2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
- 3. The Statement of Understanding and the current Index Participation Rate and the Contract guaranteed minimum values have been presented and explained to the Owner(s), and a copy of the Statement of Understanding was given to the Owner(s).
- 4. I have not made statements that differ from this material nor have I made any promises about the expected future Indexed Option values of this Contract.
- 5. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
- 6. I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) and ensure that this replacement (if applicable) is consistent with that position.
- 7. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
- 8. The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.

	Jackson Prod./Rep. No. P	roducer/Representative Signature	gnature		Date Signe	ed (mm/dd/yyyy) /
	First Name	Middle Name	L	ast Name	/	
Program Options Note: Contact your home office for program information. If no option is	Broker/Dealer Name				<u>P</u> rogram	Option <u>s</u>
	Address (number and street)	Ci	ity		State ZIP C	ode
ndicated, the designated default will be used.	Email Address		Business Tele	ephone No. (ir	ncluding area code)	Percentage %
t is required or Good Order that all	If more than one Producer/Re Producer/Representative nam					
Order that all Producer/Rep numbers be supplied.	Producer/Representative Na	ame	Jackson P	roducer/Repre	sentative No.	Percentage %
	Producer/Representative Na	ame	Jackson P	roducer/Repre	sentative No.	

Not a deposit • Not insured by any federal agency

X500 11/09 Page 6 of 6

ELITE ANNUAL RESET (XX/XX) FIXED INDEX ANNUITY APPLICATION (FIA700)



Home Office: Lansing, Michigan www.jackson.com

First Class Mail: P.O. Box 30391

Lansing, MI 48909-7891

Customer Care: 800-873-5654 Bank or Financial Institution Customer Care: 800-777-7779

Fax: 517-706-5538

Hours: 8:00 a.m. to 8:00 p.m. ET Email: contactus@jackson.com

Overnight Mail: 1 Corporate Way

Lansing, MI 48951 Broker/Dealer or External Account No. (if applicable) Primary Owner PLEASE PRINT If Owner Individual/Joint Type of Ownership: Trust Custodian Corporation/Pension Plan (and/or Joint Owner) is not a **Social Security Number** Tax I.D. Number Sex Male Female U.S. Citizen and/or a U.S. U.S. Citizen Yes No Resident Form W-9 or Form **Middle Name First Name Last Name** W-8BEN (as applicable) is required with Non-Natural Owner/Entity Name (if applicable) application. • If Owner is a Trust, Trustee Date of Birth (mm/dd/yyyy) Certification **Telephone Number** (including area code) **Email Address** form X5335 or trust documents are Physical Address Line 1 (No P.O. Boxes) Line 2 required with application. It is required **ZIP Code** City State for Good Order that you provide a physical Line 2 Mailing Address Line 1 address. • Only include mailing **ZIP Code** City State address if different from physical address. Joint Owner **First Name** Middle Name **Last Name** Proceeds will be distributed in accordance with the Date of Birth (mm/dd/yyyy) **Social Security Number** U.S. Citizen Sex Contract on Female Male No the first death of either Owner. **Email Address** Relationship to Owner Telephone Number (including area code) ☐ Spouse Other Physical Address Line 1 (No P.O. Boxes) Line 2 **ZIP Code** City State

	Primary Annuitant	,	
	Same as Owner	Sex Male Female	U.S. Citizen Yes No
 Complete this 	First Name	Middle Name	Last Name
section if different from			
Owner.	Social Security Number	Date of Birth (mm/dd/yyyy) Telephone	No. (including area code) Relationship to Owner
		/ / ()	Spouse
	Physical Address Line 1 (N	lo P.O. Boxes)	Line 2
	City		State ZIP Code
	Joint Annuitant		
	Same as Joint Owner	Sex Male Female	U.S. Citizen Yes No
 Complete this 	First Name	Middle Name	Last Name
section if different from	That Name	Wildule Name	Last Name
Joint Owner.	Social Security Number I	Date of Rirth (mm/dd/www) Telephone	No. (including area code) Relationship to Owner
	Social Security Number	/ / /	Spouse
	Physical Address Line 1 (N		Line 2
	Thysical Address Line 1 (1	10 1 . 0. DOXES)	Line 2
	City		State ZIP Code
	5.1,		
	Beneficiary(ies)		
It is required for Good Order	Primary	%	Percentage of Death Benefit
that the Death	Individual Name (First, M	iddle, Last) or Non-Natural Entity Nan	
Benefit Percentage be			
whole numbers and must total	Social Security/Tax I.D. Nu	umber Date of Birth (mm/dd/yyyy)	Relationship to Owner
100% for each beneficiary		/ /	☐ Spouse ☐ Other
type.			
	Primary Co	ontingent %	Percentage of Death Benefit
	Individual Name (First, M	iddle, Last) or Non-Natural Entity Nan	me
For additional	Social Security/Tax I.D. Nu		Relationship to Owner
beneficiaries, please attach a			
separate sheet, signed and	Duine a mu	enting and	Percentage of Death Benefit
dated by the			1
Owner, which includes names,	maividuai Name (First, M	iddle, Last) or Non-Natural Entity Nan	ne
percentages, and other	Social Sociality/Tax LD No	umber Date of Birth (mm/dd/yyyy)	Polationship to Overser
required information.	Social Security/Tax I.D. Nu		Relationship to Owner

Make all	Premium Payment					
checks	Select method of payment					
payable to Jackson	Check \$					
National Life Insurance Company®.	External Transfer \$	Internal Transfer \$_				
. ,	Annuity Type					
Jackson® will issue Annuity Type per the bold headings.	IRA: ☐ IRA - Traditional* ☐ Stretch IRA Roth IRA: ☐ Roth Conversion ☐ Roth IRA* *Tax Contribution Years and Amounts: Year:\$ Year:\$ Non-Qualified Plan: ☐ Deferred Compensation ☐ Non-Tax Qualified	Qualified Plan: 401(k) Qualified Savings Plan Cash Balance-Defined Benefit Cash Balance-Defined Contribution HR-10 (Keogh) Plan Money Purchase Profit Sharing Plan Roth 401(k) Target Benefit Plan TSA Plan: 403(b) TSA	SEP/IRA (408(k)): SARSEP SEP ORP: Correction Texas ORP Charitable Remainder Trust: Charitable Remainder Annuity Trust Charitable Remainder Unitrust			
	Statement Regarding Existing Po	licies or Annuity Contracts				
It is required for Good Order that this entire section be completed. COMPLETE X0512 "REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).	I (We) do have existing life insurar Notice to Producer/Representative: If must present and read to the Applica	the Applicant does have existing life insur nt the Replacement of Life Insurance or An ned by both the Producer/Representative a	rance policies or annuity contracts you nuities form (X0512)- state variations and Applicant, with the Application. Yes No If yes, complete the			
	Transfer Information					
For transfers, it is required for Good Order that this entire section be completed.		the surrendering institution, please sele	Non-Direct Rollover ated "headings. If you have already, ect "Yes" under "Client Initiated."			
	Transfer Client Type Initiated Company releas		Anticipated date Anticipated of receipt transfer amount			
	Full Yes Partial No		/ / \$			
	Full Yes Partial No		/ / \$			
	Full Yes Partial No		/ / \$			

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Indexed Option Period Subject to availability.

All Premium will initially be allocated to a Fixed Option. Your Fixed Option Value will be automatically transferred to the Indexed Option, according to the selection made below, on the first available Index Determination Date after the Issue Date.

Age limitations apply based on the age of the Owner or oldest Joint Owner.

It is required for Good
101 0000
Order that
you select ar
Indexed
Option
period.
Please selec

only one.

S&P 500 [®] 5-Year Period	(Ages 0 - 85
S&P 500 7-Year Period	(Ages 0 - 83
S&P 500 10-Year Period	(Ages 0 - 80
S&P 500 12-Year Period	(Ages 0 - 78

Electronic Delivery Authorization

I agree to receive documents electronically:

· Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided, but no document type is selected, the selection will default to "All

Documents."

ALL DOCUMENTS	Periodic and immediate confirmation statements
Annual statements	Other Contract-related correspondence

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website [www.jackson.com] is required for electronic delivery of Contract-related correspondence.

I (We) do | do not | have ready access to computer hardware and software that meet the requirements any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com]to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

• If you want to authorize an individual other than vour Producer/Rep to receive Contract information via telephone, please list that individual's information here.

Authorized Callers					
First Name	Middle Name		Last Nar	ne	
Social Security/Tax I.D. Number		Date of Bir	th (mm/dd/	уууу)	
			/	/	
First Name	Middle Name		Last Nar	ne	
Social Security/Tax I.D. Number		Date of Bir	th(mm/dd/	уууу)	
			/	/	
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X700 XX/XX

Notice to Applicant

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE:

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

MARYLAND AND RHODE ISLAND RESIDENTS, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Client Acknowledgements

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
- 2. I (We) certify that the Social Security/Taxpayer Identification Number(s) shown above is (are) correct.
- 3. The Contract I (we) have applied for is suitable for my (our) insurance and investment objective, financial situation and needs.
- 4. I (We) understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.
- 5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
- 6. I (We) have received a copy of the Statement of Understanding and understand the benefits and limitations, including the description regarding Contract guaranteed minimum values, set forth in the document.
- 7. I (We) understand that the Maximum Annual Credited Interest ("Annual Cap") component in this contract may limit the amount of interest credited to the Indexed Option Value on each Indexed Option anniversary, regardless of the performance of the indices.
- 8. I (We) have received the current Index Participation Rate and the Annual Cap for this Contract.
- 9. I (We) understand that Jackson issues a variety of annuity products with different features, benefits, terms, charges, and limitations.
- 10. I (We) certify that the age(s) of the Owner and any Joint Owner, primary Spousal Beneficiary, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
- 11. I (We) understand that the product being applied for is an equity indexed fixed annuity product.

	Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed		
It is required for Good Order					
that all applicable	Owner's Title (required if owned by an Entity)				
parties to the Contract sign					
here.	Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed		
		/ /			
	Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed		
		/ /			
	Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed		
		/ /			

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- Complete this certification regarding sales material section only if:
- Your client has other existing policies or annuity contracts

AND

• Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

Producer/Representative Acknowledgements

I certify that:

☐ I did not use sales material(s) during the presentation of this Jackson product to the applicant.
☐ I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant.
☐ In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

- 1. I am authorized and qualified to discuss the Contract herein applied for.
- 2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
- 3. The Statement of Understanding and the current Index Participation Rate and credited interest components have been presented and explained to the Owner(s), and a copy of the Statement of Understanding was given to the Owner(s).
- 4. I have not made statements that differ from this material nor have I made any promises about the expected future Indexed Option values of this Contract.
- 5. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
- 6. I have read Jackson's Position With Respect to the Acceptability of Replacements (XADV5790) and ensure that this replacement (if applicable) is consistent with that position.
- 7. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
- 8. The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
- 9. I have complied with requirements for disclosures and/or replacements as necessary.

Producer/Representative Sig	ilatule	Date Signed (mm/dd/yyyy)
		/ /
Middle Name	Last Name	
		Program Options A B C
Cit	ty S	tate ZIP Code
	Business Telephone No. (inclu	eding area code) Percentage %
Name	Jackson Producer/Represe	ntative No. Percentage
,	Middle Name Cit	Middle Name Last Name

It is required for Good Order that all Producer/Rep numbers be supplied.

Program
 Options Note:
 Contact your
 home office
 for program
 information. If
 no option is
 indicated, the
 designated
 default will be
 used.

Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value Not a deposit • Not insured by any federal agency

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[ELITE CHOICE [™] (XX/XX)] FIXED INDEX ANNUITY APPLICATION (FIA800)



Home Office: Lansing, Michigan www.jackson.com

First Class Mail: P.O. Box 30391

Lansing, MI 48909-7891 1 Corporate Way

Overnight Mail: 1 Corporate Way Lansing, MI 48951 Customer Care: 800-873-5654
Bank or Financial Institution Customer Care: 800-777-7779

Fax: 517-706-5538

Hours: 8:00 a.m. to 8:00 p.m. ET Email: contactus@jackson.com

_						Email:	contactus@	ÿjackson.com <u></u>
	Broker/Dealer or External Acc	count No. (if applica	ble)					
PLEASE PRINT	Primary Owner							
 If Owner (and/or Joint 	Type of Ownership:	ndividual/Joint	Trust	Custo	odian	Corpora	ation/Pen	sion Plan
Owner) is not a U.S. Citizen	Social Security Number	or Tax I.	D. Number			Sex	Male	Female
and/or a <u>U</u> .S.						U.S. Citizen	Vos 🗀	No 🗆
Resident Form W-9 or Form	First Name	Middle Nar	me	L	' .ast Nar		163	
W-8BEN (as applicable) is								
required with	Non Notice I Ocean of Futitor N							
application.If Owner is a	Non-Natural Owner/Entity Na	ame (if applicable)						
Trust, Trustee								
Certification form <u>X</u> 533 <u>5</u> or	Date of Birth (mm/dd/yyyy)	Telephone Num	ber (including area cod	le) Em	ail Add	lress		
trust documents are	/ /	()		╛┕				
required with	Physical Address Line 1 (No F	P.O. Boxes)		L	ine 2			
application.								
It is required for Good	City			Stat	te	ZIP Code		
Order that you provide a								
physical address.	Mailing Address Line 1			L	ine 2			
Only include								
mailing address if	City			Stat	te	ZIP Code		
different from								
physical address.	Laint Orrean							
	Joint Owner							
 Proceeds will be distributed 	First Name	Middle Nar	me	L	ast Nar	ne		
in accordance with the								
Contract on	Social Security Number	Date of Bi	irth (mm/dd/yyyy)			Sex Male Female		J.S. Citizen Yes No
the first death of either			/ /				[
Owner.	Email Address		Relationship to	Owner	<u>Te</u>	elephone Num	ıber (inclu	ding area code)
			☐ Spouse ☐ Other		()		
	Physical Address Line 1 (No F	P.O. Boxes)		L	ine 2			-
	City			Stat	te	ZIP Code		
	_							

	Primary Annuitant
complete this	Same as Owner Sex Male Female U.S. Citizen Yes No
	First Name Middle Name Last Name
section if different from	
Owner.	Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner
	Spouse
	Physical Address Line 1 (No P.O. Boxes) Line 2
	Thysical readings Line 1 (16 116) Boxes,
	City State ZIP Code
	State Zii code
	Joint Annuitant
	Same as Joint Owner Sex Male U.S. Citizen Yes No
 Complete this 	First Name Middle Name Last Name
section if different from	
Joint Owner.	Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner
	/ / () Spouse Other
	Physical Address Line 1 (No P.O. Boxes) Line 2
	City State ZIP Code
	Beneficiary(ies)
It is required for Good Order	Primary % Percentage of Death Benefit
that the Death	Individual Name (First, Middle, Last) or Non-Natural Entity Name
Benefit Percentage be	
whole numbers and must total	Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner
100% for each	, , Spouse
beneficiary type.	
	Primary Contingent % Percentage of Death Benefit
	Individual Name (First, Middle, Last) or Non-Natural Entity Name
- 1000 I	Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner
 For additional beneficiaries, 	
please attach a separate sheet,	
signed and dated by the	Primary Contingent % Percentage of Death Benefit
Owner, which	Individual Name (First, Middle, Last) or Non-Natural Entity Name
includes names, percentages,	
and other required	Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner
information.	

Make all	Premium Payment		
checks	Select method of payment		
payable to Jackson	Check \$	Wire \$	
National Life Insurance Company®.	External Transfer \$		
	Annuity Type		
Jackson® will issue Annuity Type per the bold headings.	IRA: ☐ IRA - Traditional* ☐ Stretch IRA Roth IRA: ☐ Roth Conversion ☐ Roth IRA* *Tax Contribution Years and Amoun Year:\$ Year:\$ Non-Qualified Plan: ☐ Deferred Compensation ☐ Non-Tax Qualified	Qualified Plan: 401(k) Qualified Savings Plan Cash Balance-Defined Benefit Cash Balance-Defined Contribution HR-10 (Keogh) Plan Money Purchase Profit Sharing Plan Roth 401(k) Target Benefit Plan TSA Plan: 403(b) TSA	SEP/IRA (408(k)): SARSEP SEP ORP: ORP Texas ORP Charitable Remainder Trust: Charitable Remainder Annuity Trust Charitable Remainder Unitrust
	Statement Regarding Existing	Policies or Annuity Contracts	
It is required for Good Order that this entire section be completed. COMPLETE X0512 "REPLACEMENT OF LIFE INSURANCE OR ANNUITIES" WHERE REQUIRED (must be dated on or before the Application Sign Date to be in Good Order).	Notice to Producer/Representative must present and read to the Appl may apply) and return the notice, s	life insurance policies or annuity contracts rance policies or annuity contracts. If the Applicant does have existing life insuration the Replacement of Life Insurance or Ansigned by both the Producer/Representative ar Contract number	ance policies or annuity contracts you nuities form (X0512) - state variations and Applicant, with the Application. Yes No If yes, complete the
	Transfer Information		
For transfers, it is required for Good Order that this entire section be completed.	All Other Plan Types: Direct Please check the appropriate box(es) or plan to submit a transfer request.	Non-1035 Exchange Transfer Direct Rollover under the "Transfer Type" and "Client Initia to the surrendering institution, please selects if this section is left blank or checked "I	ct "Yes" under "Client Initiated."
	Transfer Client Type Initiated Company rele		Anticipated date Anticipated of receipt transfer amount
	☐ Full ☐ Yes ☐ Partial ☐ No ☐ ☐ ☐ No ☐ ☐ ☐ No ☐ ☐ ☐ No ☐ ☐ ☐ No ☐ ☐ ☐ No ☐ ☐ N		/ / \$
	Full Yes Partial No		/ / \$
	Full Yes Partial No		/ / \$

X800 11/09 Page 3 of 7 [X800 XX/XX]



	Indexed Option Period Subject to availability.
	Age limitations apply based on the age of the Owner or oldest Joint Owner.
It is required for Good	6-Year Period (Ages 0 - 84)
Order that	
you select an Indexed	8-Year Period (Ages 0 - 82)
Option period.	10-Year Period (Ages 0 - 80)
Please select only one.	12-Year Period (Ages 0 - 78)
	Contract Option Subject to availability.
It is required for Good	All Premium will initially be allocated to a Fixed Option. Your Fixed Option Value will be automatically transferred to the Indexed Option, according to the selections made below, on the first available Index Determination Date
Order that you select an	after the Issue Date.
Indexed Option.	S&P 500 [®] Index
Please select	
only one.	Multi-Strategy Index
	Crediting Method Subject to availability.
	CLEGITING INICITION Subject to availability.
Tell us how	
you want your annuity	% Monthly Averaging
premiums invested.	% Biennial Point to Point
TOTAL ALLOCATION	
MUST EQUAL	% Biennial Monthly Cap
100%.	
	% Total
	Telephone and Electronic Transfers Authorization
	•
	By checking "Yes, "I (we) authorize Jackson National Life Insurance Company (Jackson) to accept crediting method changes via telephone, Internet, or other electronic medium from me (us) and my (our) Producer/Representative
	subject to Jackson's administrative procedures. This authorization is not extended to Authorized Callers.
	Yes No Do you authorize these types of transfers?
	Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic
	authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting
	from a failure to use such procedures. I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, not
	withstanding subsequent allegations of error or mistake in connection with any such transaction instruction.
	If no election is made, Jackson will default to "No" for residents of Nebraska and North Dakota and to "Yes" for residents of all other states.

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/

X800 XX/XX

Electronic Delivery Authorization

information

here.

I agree to receive documents electronically: Check the ALL DOCUMENTS Periodic and immediate confirmation statements boxes next to the types of Annual statements Other Contract-related correspondence documents you wish to This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by receive email or by notice to you of a document's availability on a website. Certain types of correspondence may continue electronically. to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website If an email address is (www.jackson.com) is required for electronic delivery of Contract-related correspondence. provided, but have ready access to computer hardware and software that meet the requirements do not no document listed below. My email address is:___ ______. I (We) will notify the company of type is any new email address. selected, the selection will The computer hardware and software requirements that are necessary to receive, process and retain electronic default to "All communications that are subject to this consent are as follows: To view and download material electronically, you Documents." must have a computer with Internet access, an active email account. Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com. There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability. Authorized Callers Middle Name • If you want to **First Name Last Name** authorize an individual other than Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) vour Producer/Rep to receive Contract **First Name** Middle Name **Last Name** information via telephone, please list that individual's Social Security/Tax I.D. Number Date of Birth(mm/dd/yyyy)

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Notice to Applicant

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding

the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

MARYLAND AND RHODE ISLAND RESIDENTS, PLEASE **NOTE:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in

NEW JERSEY RESIDENTS, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Client Acknowledgements

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
- 2. I (We) certify that the Social Security/Taxpayer Identification Number(s) shown above is (are) correct.
- 3. The Contract I (we) have applied for is suitable for my (our) insurance and investment objective, financial situation and needs.
- 4. I (We) understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.
- 5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
- 6. I (We) have received a copy of the Statement of Understanding and understand the benefits and limitations, including the methods for calculating interest, guaranteed minimum values and charges, as set forth in the document.
- 7. I (We) understand that the capping component in this Contract may limit the amount of interest credited to the Indexed Option Value on each Indexed Option Anniversary, regardless of the performance of the indices.
- 8. I (We) have received the current Index Participation Rate and the Caps for this Contract.
- 9. I (We) understand that Jackson issues a variety of annuity products with different features, benefits, terms, charges, and limitations.
- 10. I (We) certify that the age(s) of the Owner and any Joint Owner, primary Spousal Beneficiary, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
- 11. I (We) understand that the product being applied for is an equity indexed fixed annuity product.

It is required for Good Order	Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed			
that all applicable	Owner's Title (required if owned by an Entity)					
parties to the Contract sign						
here.	Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed			
		/ /				
	Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed			
		/ /				
	Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed			
		/ /				

Page 6 of 7 X800 11/09

- Complete this certification regarding sales material section only if:
 - Your client has other existing policies or annuity contracts

AND

 Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

Producer/Representative Acknowledgements

I certify that:

- I did not use sales material(s) during the presentation of this Jackson product to the applicant.

 I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant.
 - In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

- 1. I am authorized and qualified to discuss the Contract herein applied for.
- 2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
- 3. The Statement of Understanding and the current Index Participation Rate and credited interest components have been presented and explained to the Owner(s), and a copy of the Statement of Understanding was given to the Owner(s).
- 4. I have not made statements that differ from this material nor have I made any promises about the expected future Indexed Option values of this Contract.
- 5. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
- 6. I have read Jackson's Position With Respect to the Acceptability of Replacements XADV5790 and ensure that this replacement (if applicable) is consistent with that position.
- 7. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
- 8. The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
- 9. I have complied with requirements for disclosures and/or replacements as necessary.

Jackson Prod./Rep. No.	Date Signe	d (mm/dd/yyyy)		
			1	/
First Name	Middle Name	Last Name		
Broker/Dealer Name			Program (
Address (number and street)	Cit	ry	State ZIP Co	ode
Email Address		Business Telephone No. (including area code)	Percentage
		()		%
	Representative is participating mes, Jackson Producer/Represe			
Producer/Representative N	lame	Jackson Producer/Repr	esentative No.	Percentage %
Producer/Representative N	lame	Jackson Producer/Repr	esentative No.	
				/6

Order that all Producer/Rep numbers be supplied.

It is required for Good

Program
 Options Note:
 Contact your
 home office
 for program
 information. If
 no option is
 indicated, the
 designated
 default will be
 used.

Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value

Not a deposit • Not insured by any federal agency

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[ELITE CHOICE REWARDS ™ (07/10)] FIXED INDEX ANNUITY APPLICATION [FIA850]



Home Office: Lansing, Michigan www.jackson.com

First Class Mail: P.O. Box 30391

Overnight Mail:

Lansing, MI 48909-7891 1 Corporate Way Lansing, MI 48951 Customer Care: 800-873-5654
Bank or Financial Institution Customer Care: 800-777-7779

Fax: 517-706-5538 **Hours:** 8:00 a.m. to 8:00 p.m. ET

Email: contactus@jackson.com

_		Eman. contactus @jackson.com
	Broker/Dealer or External Account No. (if applicable)	
PLEASE PRINT	Primary Owner	
• If Owner	Type of Ownership: Individual/Joint Trust Custodian	Corporation/Pension Plan
(and/or Joint Owner) is not a	a Social Security Number or Tax I.D. Number	Sex Male Female
U.S. Citizen and/or a <u>U.</u> S.		U.S. Citizen Yes No
Resident, Form W-9 or <u>F</u> orm	First Name Middle Name Last Nan	
W-8BEN (as applicable) is		
required with application.	Non-Natural Owner/Entity Name (if applicable)	
• If Owner is a		
Trust, Trustee Certif <u>ic</u> atio <u>n</u>	Date of Birth (mm/dd/yyyy) Telephone Number(including area code) Email Add	ress
form X5335 or trust	/ / /	
documents are required with	Physical Address Line 1 (No P.O. Boxes) Line 2	
application.		
It is required for Good	City State	ZIP Code
Order that you provide a		
physical address.	Mailing Address Line 1 Line 2	
Only include		
mailing address if	_ 	ZIP Code
different from physical		
address.	Joint Owner	
 Proceeds will 	First Name Middle Name Last Nam	me
be distributed in accordance		
with the Contract on	Social Security Number Date of Birth (mm/dd/yyyy)	Sex U.S. Citizen
the first death of either		Male Female Yes No
Owner.		elephone Number (including area code)
	□ Spouse □ Other)
	Physical Address Line 1 (No P.O. Boxes) Line 2	
	City State	ZIP Code

	Primary Annuitant	
	Same as Owner Sex Male Female U.S. Citizen Yes No	
 Complete this 	First Name Middle Name Last Name	
section if different from		
Owner.	Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner	
	/ / () Spouse Other	
	Physical Address Line 1 (No P.O. Boxes) Line 2	
	City State ZIP Code	
	Joint Annuitant	
 Complete this section if 	First Name Middle Name Last Name	
different from Joint Owner.	Social Security Number Date of Birth (mm/dd/yyyy) Telephone No. (including area code) Relationship to Owner	
	Dhysical Address Line 1 (No D.O. Boyes)	
	Physical Address Line 1 (No P.O. Boxes) Line 2	
	City State ZIP Code	
	City State ZIP Code	
	Beneficiary(ies)	
It is required for Good Order	Primary % Percentage of Death Benefit	
that the Death	Individual Name (First, Middle, Last) or Non-Natural Entity Name	
Benefit Percentage be		
whole numbers and must total	Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner	
100% for each beneficiary	/ / Spouse Other	
type.		_
	Primary Contingent % Percentage of Death Benefit	
	Individual Name (First, Middle, Last) or Non-Natural Entity Name	
For additional	Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner	_
beneficiaries, please attach a		
separate sheet,		
signed and dated by the	Primary Contingent % Percentage of Death Benefit	
Owner, which includes names,	Individual Name (First, Middle, Last) or Non-Natural Entity Name	\neg
percentages, and other		
required information.	Social Security/Tax I.D. Number Date of Birth (mm/dd/yyyy) Relationship to Owner	\neg
ii ii Oi i i i i i i i i i i i i i i i		- 1

Make all	Premium Payment			
checks	Select method of payment			
payable to Jackson	Check \$	Wire \$		
National Life				
Insurance Company [®] .	External Transfer \$	Internal Transfer \$		
	Annuity Type			
	IRA:	Qualified Plan:	SEP/IRA (408(k)):	
 Jackson[®] will issue Annuity 	☐ IRA - Traditional*	401(k) Qualified Savings Plan	□SARSEP	
Type per the	Stretch IRA	Cash Balance-Defined Benefit	SEP	
bold headings.	Roth IRA:	☐ Cash Balance-Defined Contribution☐ HR-10 (Keogh) Plan	ORP: □ ORP	
neddings.	Roth IRA*	Money Purchase	☐ Texas ORP	
	*Tax Contribution Years and Amounts:	Profit Sharing Plan	Charitable Remainder Trust:	
	Year:\$ Year:\$	Roth 401(k)	Charitable Remainder	
	Year: \$ Non-Qualified Plan:	Target Benefit Plan TSA Plan:	Annuity Trust Charitable Remainder	
	Deferred Compensation	403(b) TSA	Unitrust	
	☐ Non-Tax Qualified			
	Statement Regarding Existing Po	olicies or Annuity Contracts		
It is required for		neies et raman, communes		
Good Order	I (We) certify that: (please select one)			
that this entire section be				
completed.				
<u>COMPLETE</u> <u>X</u> 0512	Notice to Producer/Representative: If the Applicant does have existing life insurance policies or annuity contracts you			
"REPLACEMENT OF LIFE	must present and read to the Applica	nt the Replacement of Life Insurance or Annuned by both the Producer/Representative and	ities form (X0512)- state variations Applicant, with the Application.	
INSURANCE OR	, арруу, алагыны алагыны, е.д			
annuities" Where	Are you replacing an existing life	insurance policy or annuity contract	Yes No If yes, complete the following Company	
REQUIRED (must be dated	Company name	Contract number	Anticipated amount	
on or before the			 	
Application Sign Date to be in			\	
Good Order).			\$	
			\$	
			Ψ	
	Transfer Information			
For transfers,	Non-Qualified Plan Types: IRC 103	35 Exchange Non-1035 Exchange	٦	
it is required for Good	1 " =	Transfer Direct Rollover	Non-Direct Rollover	
Order that this	All Other Flan Types.	Transfer Direct Kollovei		
entire section be completed. Please check the appropriate box(es) under the "Transfer Type" and "Client Initiated" heavy or plan to submit a transfer request to the surrendering institution, please select "Yes" or plan to submit a transfer request to the surrendering institution, please select "Yes" or plan to submit a transfer request to the surrendering institution, please select "Yes" or plan to submit a transfer request to the surrendering institution, please select "Yes" or plan to submit a transfer request to the surrendering institution, please select "Yes" or plan to submit a transfer request to the surrendering institution, please select "Yes" or plan to submit a transfer request to the surrendering institution, please select "Yes" or plan to submit a transfer request to the surrendering institution, please select "Yes" or plan to submit a transfer request to the surrendering institution or plan to submit a transfer request to the surrendering institution.				
		tne surrendering institution, please select • this section is left blank or checked "N o		
	• •			
	Transfer Client Type Initiated Company releas		ticipated date Anticipated of receipt transfer amount	
	Full Yes	Account number		
	Partial No		/ / \$	
	Full Yes		/ / \$	
	Partial No		, , <u> </u> 	
	☐ Full ☐ Yes		, , , , ,	
	Partial No		/ / \$	



	Indexed Ontion Period Community
	Indexed Option Period Subject to availability.
It is required for Good Order that you select an Indexed Option	Age limitations apply based on the age of the Owner or oldest Joint Owner.
	8-Year Period (Ages 0 - 82)
	10-Year Period (Ages 0 - 80)
period. Please select only one.	12-Year Period (Ages 0 - 78)
	Contract Option Subject to availability.
It is required for Good Order that you select an	All Premium will initially be allocated to a Fixed Option. Your Fixed Option Value will be automatically transferred to the Indexed Option, according to the selections made below, on the first available Index Determination Date after the Issue Date.
Indexed Option.	S&P 500 [®] Index
Please select only one.	Multi-Strategy Index
	Crediting Method Subject to availability.
Tell us how you want your annuity premiums invested. Total allocation must equal 100%.	% Monthly Averaging
	% Biennial Point to Point
	% Biennial Monthly Cap
	% Total
	Telephone and Electronic Transfers Authorization
	By checking "Yes," I (we) authorize Jackson National Life Insurance Company (Jackson) to accept crediting method changes via telephone, Internet, or other electronic medium from me (us) and my (our) Producer/Representative subject to Jackson's administrative procedures. This authorization is not extended to Authorized Callers.
	Do you authorize these types of transfers?
	Jackson has administrative procedures that are designed to provide reasonable assurances that telephone/electronic authorizations are genuine. If Jackson fails to employ such procedures, it may be held liable for losses resulting from a failure to use such procedures. I (We) agree that Jackson, its affiliates, and subsidiaries shall not be liable for losses incurred in connection with telephone/electronic instructions received, and acted on in good faith, not withstanding subsequent allegations of error or mistake in connection with any such transaction instruction.
	If no election is made, Jackson will default to "No" for residents of Nebraska and North Dakota and to "Yes" for residents of all other states.

Electronic Delivery Authorization

• Check the boxes next to the types of documents you wish to receive electronically. If an email address is provided, but no document type is selected, the selection will default to "All Documents."

I agree to receive documents electronically:		
ALL DOCUMENTS	Periodic and immediate confirmation statements	
Annual statements	Other Contract-related correspondence	

This consent will continue unless and until revoked and will cover delivery to you in the form of a compact disc, by email or by notice to you of a document's availability on a website. Certain types of correspondence may continue to be delivered by the United States Postal Service for compliance reasons. Registration on Jackson's website www.jackson.com is required for electronic delivery of Contract-related correspondence.

I (We) do ____ do not ____ have ready access to computer hardware and software that meet the requirements listed below. My email address is:______. I (We) will notify the company of any new email address.

The computer hardware and software requirements that are necessary to receive, process and retain electronic communications that are subject to this consent are as follows: To view and download material electronically, you must have a computer with Internet access, an active email account, Adobe Acrobat Reader and/or a CD-ROM drive. If you don't already have Adobe Acrobat Reader, you can download it free from www.adobe.com.

There is no charge for electronic delivery, although you may incur the costs of Internet access and of such computer and related hardware and software as may be necessary for you to receive, process and retain electronic documents and communications from Jackson. Please make certain you have given Jackson a current email address. Also let Jackson know if that email address changes. We may need to notify you of a document's availability through email. You may request paper copies, whether or not you consent or revoke your consent for electronic delivery, at any time and for no charge. Please contact the appropriate Jackson Service Center or go to www.jackson.com to update your email address, revoke your consent to electronic delivery, or request paper copies. Even if you have given us consent, we are not required to make electronic delivery and we have the right to deliver any document or communication in paper form. This consent will need to be supplemented by specific electronic consent upon receipt of any of these means of electronic delivery or notice of availability.

 If you want to authorize an individual other than your Producer/Rep to receive Contract information via telephone, please list that individual's information

here.

Authorized Callers			
First Name	Middle Name		Last Name
Social Security/Tax I.D. Number		Date of Bir	rth(mm/dd/yyyy)
			/ /
First Name	Middle Name		Last Name
Social Security/Tax I.D. Number		Date of Bir	rth(mm/dd/yyyy)
			/ /

Notice to Applicant

ARKANSAS, COLORADO, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, PENNSYLVANIA, AND WEST VIRGINIA RESIDENTS, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

In **COLORADO**, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA RESIDENTS, PLEASE NOTE: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding

the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

MARYLAND AND RHODE ISLAND RESIDENTS. PLEASE **NOTE:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY RESIDENTS, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Client Acknowledgements

It is for that

- 1. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained in this application are true, complete and correctly recorded.
- 2. I (We) certify that the Social Security/Taxpaver Identification Number(s) shown above is (are) correct.
- 3. The Contract I (we) have applied for is suitable for my (our) insurance and investment objective, financial situation and needs.
- 4. I (We) understand that while the values of the contract may be affected by an external index, the contract does not directly participate in any stock or equity investment.
- 5. I understand the restrictions imposed by 403(b)(11) of the Internal Revenue Code. I understand the investment alternatives available under my employer's 403(b) plan, to which I may elect to transfer my Contract Value.
- 6. I (We) have received a copy of the Statement of Understanding and understand the benefits and limitations, including the methods for calculating interest, guaranteed minimum values and charges, as set forth in the document.
- 7. I (We) understand that the capping component in this Contract may limit the amount of interest credited to the Indexed Option Value on each Indexed Option Anniversary, regardless of the performance of the indices.
- 8. I (We) have received the current Index Participation Rate and the Caps for this Contract.
- 9. I (We) understand that Jackson issues a variety of annuity products with different features, benefits, terms, charges, and limitations.
- 10. I (We) certify that the age(s) of the Owner and any Joint Owner, primary Spousal Beneficiary, Annuitant, or Joint Annuitant, if applicable, stated in this application is (are) true and correctly recorded.
- 11. I (We) understand that the product being applied for is an equity indexed fixed annuity product.

	Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
It is required for Good Order		/ /	
that all applicable	Owner's Title (required if owned by an Entity)		·
parties to the Contract sign			
here.	Joint Owner's Signature	Date Signed (mm/dd/yyyy)	State where signed
		/ /	
	Annuitant's Signature (if other than Owner)	Date Signed (mm/dd/yyyy)	State where signed
		/ /	
	Joint Annuitant's Signature (if other than Joint Owner)	Date Signed (mm/dd/yyyy)	State where signed
		1 1	

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- Complete this certification regarding sales material section only if:
- Your client has other existing policies or annuity contracts

AND

• Will be either terminating any of those existing policies or using the funds from existing policies to fund this new Contract.

Program
Options Note:
Contact your
home office
for program
information. If
no option is
indicated, the
designated
default will be
used.

It is required for Good Order that all Producer/Rep numbers be supplied. Producer/Representative Acknowledgements

I certify that:

I did not use sales material(s) during the presentation of this Jackson product to the applicant.

I used only Jackson-approved sales material(s) during the presentation of this Jackson product to the applicant. In addition, copies of all approved sales material(s) used during the presentation were left with the applicant.

By signing this form, I certify that:

- 1. I am authorized and qualified to discuss the Contract herein applied for.
- 2. I have fully explained the Contract to the client, including Contract restrictions and charges and I believe this transaction is suitable given the client's financial situation and needs.
- 3. The Statement of Understanding and the current Index Participation Rate and credited interest components have been presented and explained to the Owner(s), and a copy of the Statement of Understanding was given to the Owner(s).
- 4. I have not made statements that differ from this material nor have I made any promises about the expected future Indexed Option values of this Contract.
- 5. The Producer/Representative's Certification Regarding Sales Material has been answered correctly.
- 6. I have read Jackson's Position With Respect to the Acceptability of Replacements XADV5790 and ensure that this replacement (if applicable) is consistent with that position.
- 7. The applicant's Statement Regarding Existing Policies or Annuity Contracts has been answered correctly to the best of my knowledge and belief.
- 8. The applicant's statement as to whether or not an existing life insurance policy or annuity contract is being replaced is true and accurate to the best of my knowledge and belief.
- 9. I have complied with requirements for disclosures and/or replacements as necessary.

Last Name Program Options A B C City State ZIP Code
Program Options A B C City State ZIP Code
City State ZIP Code
Pusinger Telephone No. 6 1 5 1 1 2 1 2 Pousenteur
Business Telephone No. (including area code) () Percentage %
articipating in a Program Option on this case, please provide all ocer/Representative numbers and percentages for each (totaling 100%)
Jackson Producer/Representative No. Percentage
9
Jackson Producer/Representative No. Percentage
9/

Not FDIC/NCUA Insured • Not Bank/CU guaranteed • May lose value Not a deposit • Not insured by any federal agency

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SERFF Tracking Number: JACK-126443932 State: Arkansas
Filing Company: Jackson National Life Insurance Company State Tracking Number: 44527

Company Tracking Number: X500 11/09 ET AL

TOI: A071 Individual Annuities - Special Sub-TOI: A071.001 Equity Indexed

Product Name: Elite 90 Fixed Index Annuity Application

Project Name/Number: Elite 90 Fixed Index Annuity Application/X500 11/09 ET AL

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Flesch Certification

Comments: Attachment:

AR - Flesch Certification.pdf

Item Status: Status

Date:

Satisfied - Item: Application

Comments:

See Form Schedule Tab

Item Status: Status

Date:

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: Not applicable

Comments:

Item Status: Status

Date:

Satisfied - Item: Statement of Variability

Comments: Attachment:

Statement of Variability (BASE).pdf

CERTIFICATION

This is to certify that X500 11/09 has achieved a Flesch Reading Ease Score of 50.2 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

This is to certify that X700 11/09 has achieved a Flesch Reading Ease Score of 51.0 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

This is to certify that X800 11/09 has achieved a Flesch Reading Ease Score of 52.0 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

This is to certify that X850 11/09 has achieved a Flesch Reading Ease Score of 50.3 and complies with the requirements of Arkansas State Ann. §66-3251 through §66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Jackson National Life Insurance Company

Julie Hughes

Assistant Vice-President

Product Drafting and State Filing Department

Date: January 11, 2010

Arkansas

JACKSON NATIONAL LIFE INSURANCE COMPANY STATEMENT OF VARIABILITY

Form Numbers: X500 11/09, X700 11/09, X800 11/09, X850 11/09

Rev. 01/11/2010

Page(s)	Bracketed (Variable)	Rev. 01/11/2010 Range of Variables
1 age(3)	[Elite 90 (XX/XX)]	These are the current marketing names for the underlying contracts.
-	[Elite Annual Reset (XX/XX)]	The marketing name on the applications may change to correspond with
	[Elite Choice (XX/XX)]	any changes made to the marketing name of the contracts.
	[Elite Choice Rewards (07/10)]	
1	[(ELI-DA 500)]	These are the current underlying contract form number with which this
	[(FIA700)]	application will be used. This form number could change to reflect a
	[(FIA800)]	different approved contract.
	[(FIA850)]	
1, 4	[Home Office: Lansing, Michigan	This is the current home office address, city/state and website of
	www.jackson.com]	Jackson National Life Insurance Company. In the future, if changed, this
		will reflect a different, valid address within the confines of the United
		States, as well as a valid Company website.
1	Customer Care Mailing Address and	These are the current post office boxes and toll-free telephone numbers
	Contact Information	of Jackson's Customer Care Service Centers. In the future, if changed,
		this will reflect a valid street address within the confines of the United
		States, as well as a valid telephone number and email address.
1	[Type of Ownership:	These are the current types of annuity ownerships the Company is
	☐ Individual/Joint	currently tracking. Should Company needs require a change to add to or
	□ Trust	eliminate ownership types, this section would be modified.
	☐ Custodian	
	☐ Corporation/Pension Plan]	
1	Form [W-9]	These are IRS forms that are required for all non-U.S. Citizen and/or
	Form [W-8BEN]	non-U.S. resident applicants. In the future, if the IRS changes the form
		number of these forms, this will reflect a different, valid form number.
		We will not make a change to these numbers independent of a change
		made by the IRS.
1	Trustee Certification form [X5335]	This is the current form number for the administrative form listed. In the
		future, if changed, this will reflect an updated administrative form
		number.
1-6	Control Number [X500 XX/XX]	This number would change if there were a change to the bracketed
1-6	Control Number [X700 XX/XX]	information on the application requiring revision of the applications. If
1-7	Control Number [X800 XX/XX]	changed, this will reflect a revised control number and/or revision date.
1-7	Control Number [X850 07/10]	TI IDO I
3	[Annuity Type] section	The IRS rules regarding annuity types may change. Any changes
		regarding annuity types made by IRS rules would be changed in this section as well.
3	Notice Regarding Replacement form	This is the current form number for the administrative form listed. In the
3	[X0512]	future, if changed, this will reflect an updated administrative form
	[X0312]	number.
3	Transfer Information	These are the current transfer options offered by the Company. Any
3	[Non-Qualified Plans Types:	different information will reflect new market options.
	☐ IRC 1035 Exchange	s
	□ Non-1035 Exchange	
	All Other Plan Types:	
	□ Direct Transfer	
	☐ Direct Transier	
	□ Non-Direct Rollover]	
4	Indexed Option Period	These represent the current Index Option Periods available. Additional
7	indexed Option Fellod	Indexed Option Periods may be added (as approved) or removed.
4	Optional Benefits	These are the Optional Benefits offered by the Company. Additional
-	(X500 11/09 only)	benefits may be added (as approved) or removed.
4	Contract Option	These are the current Indexed Options offered by the Company.
- ₹	(X800 11/09 and X850 11/09 only)	Indexed Options may be added or discontinued.
4	Crediting Method	These are the current Crediting Methods offered by the Company.
•	(X800 11/09 and X850 11/09 only)	Crediting Methods may be added or discontinued.
4	Telephone/Electronic Transfers	These are the states that currently require the Company to default to
-•	Authorization	"No" for authorization of telephone/electronic transfers. Any additional
	If no election is made, Jackson will default	states will reflect a requirement made by that state.
	to "No" for residents of [Nebraska and	States will reflect a requirement made by that state.
	North Dakota] and to "Yes" for residents	
	of all other states.	
	(X800 11/09 and X850 11/09 only)	
<u> </u>	(Account to a and Account 100 chily)	

D (1)	D 1. (. 1.0/ . 1.11.)	Decree (We talled
Page(s)	Bracketed (Variable)	Range of Variables
4 (X500 11/09 & X700 11/09) 5 (X800 11/09 & X850 11/09)	Electronic Delivery of Statements/Correspondence [□ ALL DOCUMENTS □ Periodic and immediate confirmation statements □ Annual statements □ Other Contract-related correspondence.]	These are the current documents offered electronically by the Company. Any different information will reflect new statements or correspondence provided by the Company.
4 (X500 11/09 & X700 11/09) 5 (X800 11/09 & X850 11/09)	[www.adobe.com]	This is this website for Adobe Systems Incorporated. Any different web address will reflect the current website where Adobe Acrobat Reader or other software program may be downloaded.
5 (X500 11/09 & X700 11/09) 6 (X800 11/09 & X850 11/09)	Notice to Applicant section: Fraud Notice Disclosures	Bracketed for changes required by states for disclosure regarding fraud notice.
6 (X500 11/09 & X700 11/09) 7 (X800 11/09 & X850 11/09)	Position With Respect to the Acceptability of Replacement Materials [XADV5790]	This is the current form number for the administrative form listed. In the future, if changed, this will reflect an updated administrative form number.
6 (X500 11/09 & X700 11/09) 7 (X800 11/09 & X850 11/09)	Program Options [□ Option A etc.]	These are the current program options available to the Producer. The Company could add options or delete options.